

Foster Family Home - Corrective Action Report

Provider ID: 1-170037

Home Name: Mae Acob, CNA

Review ID: 1-170037-1

2313 Kalihi St.

Reviewer: Carrie Wakai

Honolulu

HI 96819

Begin Date: 7/13/2017

End Date: 7/18/2017

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1-Home visit made for a new 2 bed CCFFH certification survey. Corrective action report issued during survey with corrective action plan due to CTA by 7/27/17.

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1(a)(2)-No APS/CAN present on CG#1.

Foster Family Home Personnel and Staffing [17-1454-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41(b)(8)-No current first aid training and blood borne pathogen training for CG#1.

41(f)(1)-No completed TB screening form present on HHM#2 CXR done on 6/20/16.

Foster Family Home Physical Environment [17-1454-48]

48.(c)(2) The primary or substitute caregiver shall follow infection control procedures and proper procedures for disinfecting equipment and devices used in the care of the client; and

Comment:

48(c)(2)-No 99.9% germ killer cleaning solution present in the home.

Carrie Wakai
Compliance Manager

[Signature]
Primary Care Giver

7-13-17
Date

07/13/17
Date

WRITTEN PLAN OF CORRECTION
MAE B. ACOB, CCFFH

July 18, 2017

7.1(a)(2) Updating APS/CAN clearance through Fieldprint Hawaii for CG#1, 7/14/17. Results take up to 14 days to process from Fieldprint.

41(b)(8) Documentation of bloodborne pathogen training, and first aid obtained for CG#1 on 7/14/17. Certificates will be updated as required and kept on file.

41(f)(1) TB clearance for HM#2 obtained on 7/14/17 by M.D. with Kaiser Permanente, Mapunapuna Clinic. Certificate on file.

48(c)(2) Implemented procedures for proper disinfection of equipment and devices used in patient care; obtained disinfectant/cleaning solution of sodium hypochlorite (bleach) on 7/14/17. Cleaned and disinfected surfaces that were pointed out during home inspection. Regular cleaning and disinfection of equipment and devices used in patient care will be monitored regularly and kept clean in a manner that is compliant with HAR.

Signed 7/18/17:



Mae B. Acob
2313 Kalihi Street
Honolulu, HI 96819